

## Activity Development Worksheet

*Please complete this worksheet and submit it to the CME Office by June of each year.  
This form only needs to be completed for one lecture during the year.*

List your best example of a lecture that occurred during the past year that fits each category listed below:

**Competency:**

- Lecture Title:
- Date:
- Speaker:

**Performance:**

- Lecture Title:
- Date:
- Speaker:

**Patient Outcomes:**

- Lecture Title:
- Date:
- Speaker:

Based on one of the lectures listed above, what is the professional practice gap being addressed? A practice gap is defined as the difference between actual and ideal performance and/or patient outcomes. C2

1. Where are physicians now? (i.e. what is currently taking place or being practiced?)

2. Where should they be? (i.e. how or what should physicians be practicing instead?)

3. Where did you get the answers to these questions? ( i.e. journal articles, national initiatives, quality improvement data) \*Please attach documentation for where these answers come from. i.e. website, journal, QI data, etc.

Based on the desired result, name 1-3 changes you would like to see attendees make in the way they deliver patient care as a result of this program (i.e., behaviorally stated objectives).

- 1)
- 2)
- 3)

Based on the practice gap, was this activity designed to change physician competency, performance and/or patient outcomes?

In addition, please indicate the method(s) by which you measured and documented the change in competency, performance and/or patient outcomes. *The ACCME requires data demonstration of your findings; please attach.*

<input type="checkbox"/> Physician Competency	<input type="checkbox"/> Physician Performance	<input type="checkbox"/> Patient Outcomes
<input type="checkbox"/> Post activity self-reflective statement reporting changes in competency <input type="checkbox"/> Pre and posttest as part of the CME activity <input type="checkbox"/> Individualized Learning Plan for each learner including tracking of the individual learner's repeated engagement with a longitudinal curriculum/plan over weeks/months with evidence of providing individualized feedback to the learner to close practice gaps (C31)	<input type="checkbox"/> Post activity self-reflective statement reporting planned changes to behavior/practice <input type="checkbox"/> Follow-up survey sent weeks/months after completion of the activity requesting self-report of actual changes to behavior/practice as a result of the CME activity <input type="checkbox"/> Physical observation of behavior change (e.g., tracking/identifying new practices/policies) as a result of the CME activity <input type="checkbox"/> Evaluation of observed skills with evidence of formative feedback for <u>EVERY</u> learner (individual or group)	<input type="checkbox"/> Improvement in patient or community outcomes as a result of the CME activity <input type="checkbox"/> Analysis of patient satisfaction surveys related to areas addressed in the CME activity <input type="checkbox"/> Quality assurance data review <input type="checkbox"/> Chart review, claims review, morbidity/mortality data <input type="checkbox"/> <b>Other learner outcomes</b> (please describe) _____ _____ _____

Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_

**Please answer the following questions based on ALL lectures within your RSS:**

Did the activity teach **about** the collection, analysis or synthesis of health/practice data **AND** use health/practice data to teach about healthcare improvement? C26

No

Yes – please explain how the incorporation of this data was demonstrated as a result of this activity:  
 \_\_\_\_\_  
 \_\_\_\_\_

Lecture Date: Speaker: Title:

Did the activity address factors beyond clinical care that affect the health of populations by teaching strategies that learners can use to achieve improvements in population health? C27

No

Yes – please identify the factor(s) and the teaching strategy(ies) used:  
 \_\_\_\_\_  
 \_\_\_\_\_

Lecture Date: Speaker: Title:

Did the activity collaborate with **outside** organizations to more effectively address population health issues?

C28

No

Yes – please identify the organization(s) and the issue(s) that were addressed:

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Lecture Date:

Speaker:

Title:

Did the activity optimize the communication skills of learners? *The ACCME requires data demonstration of your findings; please attach.*

C29

No

Yes – please explain how the communication skills of every (individual or group) learner were observed **and** how feedback was provided: \_\_\_\_\_

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Lecture Date:

Speaker:

Title:

Did the activity optimize the technical and/or procedural psychomotor skills of learners? *The ACCME requires data demonstration of your findings; please attach.*

C30

No

Yes – please explain how the observed psychomotor technical/procedural skills were evaluated **and** how feedback was provided to the learner: \_\_\_\_\_

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Lecture Date:

Speaker:

Title:

Did you use support strategies to enhance change **as an adjunct to this activity**? (i.e., reminders to learners, quick reference cards, newsletters, digital applications, etc.)

C32

No

Yes – please describe the strategy(ies) that were conducted **and** how the strategies were analyzed to determine any effectiveness **and** a description of how the strategy evolved following the analysis: \_\_\_\_\_

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Lecture Date:

Speaker:

Title:

Did the activity collaborate in the process of healthcare quality improvement **AND** demonstrate improvement in healthcare quality? *The ACCME requires data demonstration of your findings; please attach.*

C37

- No**
- Yes – please identify the healthcare quality process (i.e., clinical care processes or systems) that was improved and what data was collected to demonstrate the improvement:** \_\_\_\_\_
- \_\_\_\_\_

**Lecture Date:**

**Speaker:**

**Title:**

Did the activity collaborate in the process of improving patient or community health **AND** demonstrate improvement in patient or community outcomes? *The ACCME requires data demonstration of your findings; please attach.*

C38

- No**
- Yes – please identify the patient or community health process that was improved and describe the data that was collected:** \_\_\_\_\_
- \_\_\_\_\_

**Lecture Date:**

**Speaker:**

**Title:**

## Desirable Physician Attributes

Please “✓” only the competencies that apply to your activity.  
(NOTE: It is **not** a requirement for all competencies to be met)

### ABMS/ACGME

- Patient Care and Procedural Skill** that is compassionate, appropriate, and effective for the treatment of health problems and the promotions of health.
- Medical Knowledge:** established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- Practice Based Learning and Improvement** that involves their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

### National Academy of Medicine

- Provide Patient-centered Care:** identify, respect, and care about patient differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
- Work in Interdisciplinary Teams:** cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
- Employ Evidence-based Practice:** integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
- Apply Quality Improvement:** identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
- Utilize Informatics:** communicate, manage knowledge, mitigate error, and support decision making using information technology.

### Interprofessional Education Collaborative

- Values/Ethics for Interprofessional Practice:** work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Roles/Responsibilities:** use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
- Interprofessional Communication:** communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
- Teams and Teamwork:** apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

**Disclosures and ACCME Standards for Integrity and Independence  
In Accredited Continuing Education**

As the Physician Planner for this educational activity, I certify that the following requirements have been met **for each speaker and program planner (including myself)**, in order to comply with the Loma Linda University School of Medicine Continuing Medical Education Policy regarding implementation of the ACCME Standards for Integrity and Independence in Accredited Continuing Education:

- Each speaker and program planner has read and completed a **Disclosure and Verification Form**.
- Disclosures of speakers and program planners' relationships with ineligible companies **were disclosed in written form or verbally stated to the participants before the start of the activity**. If verbal, documentation of the disclosure (including what was said and by whom) will be sent to the CME office, signed and dated by me.
- Written or verbal acknowledgment of commercial support**, if any, was provided prior to the start of the activity. If verbal, documentation of the acknowledgment will be sent to the CME office, signed and dated by me.
- All relevant financial relationships have been mitigated**. The physician planner has confirmed mitigation measures have been implemented when needed.

**This educational activity was presented in accordance with the Standards for Integrity and Independence in Accredited Continuing Education as required by the Accreditation Council for Continuing Medical Education (ACCME).**

I acknowledge that I have reviewed and concur with the needs assessment and objectives. I have conducted this activity in accordance with the guidelines required by the ACCME. I understand that if these guidelines were not followed, the program will no longer be eligible for CME.

**By signing below, I certify that the requirements above have been met.**

<b>Signature of Physician Planner ▶</b>		<b>Date</b>	
<b>Print Name ▶</b>			

Typed signatures will not be accepted